

2/24000

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Erdogan et al.	Examiner:	Tan V. Mai			
Application No.:	10/003,724	Art Unit:	2124			
Filed:	November 14, 2001	November 14, 2001 Docket No.: BEKAP005				
Title:	COMPLEX MULTIPLE FEEDBACK FILTER					

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

4. 15, 2005. Vicki Lorist

TRANSMITTAL OF AMENDMENT A

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment A in response to Office Action mailed January 21, 2005, in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP* E	Extra	Small Entity			Large En	itity	
CLAIMS			Exua	Rate	Fee		Rate	Fee	
Total	9	20	-0-	x \$25 = \$		OR	x \$50 = \$		
Independent	1	4	-0-	x \$100 = \$		OR	x \$200 = \$		
Multiple Deper	ndent Claims			x \$180 = \$		OR	R x \$360 = \$		
*HP = Highest previously paid			TOTAL FEE \$		OR	TOTAL FEE \$	-0-		

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
☐ Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
☐ Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
☐ Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
☐ Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
☐ Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

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be gra	Applicant(s) believe that no (additional that such an extension is require need and authorize the Commissioner 37 CFR 1.136 to Deposit Account No.	ed, Applicant(s) hereby to charge the required	petition that such an extension fees for an Extension of Time				
☐ fee and	Enclosed is our Check No in the d/or extension of time fees.	amount of \$	_ to cover the additional claim				
	Enclosed is Applicant Initiated Inter	view Request Form, P	ΓOL-413A.				
\boxtimes	Enclosed is ONE sheet replacement drawing [sheet 2 of 10].						
□ \$	Please charge Deposit Account No. 50-0685 (BEKAP005) in the amount of to cover the additional claim fee and/or extension of time fees.						
If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (BEKAP005).							
	OTHER:						
		Respectfully submitte					
		William ?	2mes				
		William J. James Registration No. 40,6					

10050 N. Foothill Blvd., Suite 200 Cupertino, CA 95014 Telephone: 408-973-2585

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